

ISSUE SLIP STAPLE AREA (for additional cross references)

jc715 U.S. PTO

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>hug</i>		<i>4/29/00</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>Def</i>	<i>68608</i>	<i>7/5/2000</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	N
11	N
12	N
13	N
14	N
15	N
16	N
17	N
18	N
19	N
20	N
21	N
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35	N
36	N
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39	N
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41	N
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46	N
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50	N

Claim	Date
Final Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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